

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BT		1-5-00
O.I.P.E. CLASSIFIER	LA	03390	2/4/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	8/1/00
2	8/1/00
3	8/1/00
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet her

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